

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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SmallPHAPlanUpdate  
AnnualPlanforFiscalYear:2003

LOMETAHOUSINGAUTHORITY

Lometa,Texas

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)I     STOBECOMPLETEDIN  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHAPlan  
Agency Identification**

**PHAName:** LometaHousingAuthority

**PHANumber:** TX345v02

**PHAFiscalYearBeginning:(mm/yyyy)** 06/03

**PHAPlanContactInformation:**

Name:R.P.Hines

Phone:(512)752 -3588

TDD:

Email(ifavailable):lometaha@n -link.com

**PublicAccess to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:(select all that apply)**

- ☒ Main administrative office of the PHA  
☐ PHA development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at:(select all that apply)

- ☒ Main administrative office of the PHA  
☐ PHA development management offices  
☐ Main administrative office of the local, county or State government  
☐ Public library  
☐ PHA website  
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at:(select all that apply)

- ☒ Main business office of the PHA  
☐ PHA development management offices  
☐ Other (list below)

**PHA Programs Administered :**

Public Housing and Section 8      ☐ Section 8 Only      ☒ Public Housing Only

**AnnualPHAPlan**  
**FiscalYear2003**  
[24CFRPart903.7]

**i. Table of Contents**

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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## **ii.ExecutiveSummary**

[24CFRPart903.79(r)]

AtPHAoption,provideabriefoverviewoftheinformationintheAnnualPlan

Optional

## **1.SummaryofPolicyorProgramChangesfortheUpcomingYear**

Inthissection,brieflydescribechangesinpoliciesorprogramsdiscussedinlastyear'sPHAPlanthatarenotcoveredinothersectionsofthis Update.

LometaHousingAuthorityisintheprocessofevaluationofFlatRents.

## **2.Capita lImprovementNeeds**

[24CFRPart903.79(g)]

Exemptions:Section8onlyPHAsarenotrequiredtocompletethiscomponent.

- A. X Yes:Is thePHAeligibletoparticipateintheCFPinthefiscalyearcoveredbythisPHAPlan?
- B.Whatisthe amountofthePHA'sestimatedoractual(ifknown)CapitalFundProgramgrantforthe upcomingyear?\$ 35,909.00
- C. X Yes:DoesthePHAplantoparticipateintheCapitalFundProgramintheupcomingyear?Ifyes, completetherestofComponent7. Ifno,skiptonextcomponent.
- D. CapitalFundProgramGrantSubmissions

### **(1)CapitalFundProgram5 -YearActionPlan**

TheCapitalFundProgram5 -YearActionPlanisprovidedasAttachmentB

### **(2)CapitalFundProgramAnnualStatement**

TheCapitalFundProgramAnnualStatementisprovidedasAttachment C

## **3.D emolitionandDisposition**

[24CFRPart903.79(h)]

Applicability:Section8onlyPHAsarenotrequiredtocompletethissection.

1. X No: DoesthePHAplantconductanydemolitionordispositionactivities(pursuantto section18oftheU.S.HousingActof1937(42U.S.C.1437p))intheplanFiscalYear? (If“No”,skiptonextcomponent;if“yes”,completeoneactivitydescriptionforeach development.)

## **2.ActivityDescription**

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity : a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

#### **4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

A. X No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

#### **B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

## **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7(m)]

Exemptions Section 8 Only PHA may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meetings specified requirements prior to receipt of PHDEP funds.

A. ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$

C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☐ No: The PHDEP Plan is attached as Attachment \_\_\_\_\_

## **6. Other Information**

[24 CFR Part 903.79(r)]

### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1. No Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached as Attachment (Filename) E

3. In what manner did the PHA address those comments? (select all that apply)

XX The PHA changed portions of the PHA Plan in response to comments  
A list of the changes is included

No: below or

☐ Yes ☐ No: at the end of the RAB Comments in Attachment \_\_\_\_\_.

☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_\_.

XX Other: (list below) Approved plan is

### **B. Statement of Consistency with the Consolidated Plan**

1. Consolidated Plan jurisdiction: (provide name here)

State of Texas

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

- A. Promote adequate and affordable housing
- B. Promote economic opportunity
- C. Promote a suitable living environment without discrimination.

## C. Criteria for Substantial Deviation and Significant Amendments

### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

## A. Substantial Deviation from the 5 -year Plan:

Substantial Deviation from the 5 -year Plan:

Any change to Mission statements such as:

50% deletion from or addition to the goals and objectives as a whole.

50% or more decrease in the quantifiable measurement of any individual goal or objective.

No Change to 5 Year Plan.

## B. Significant Amendment or Modification to the Annual Plan:

50% variance in the funds projected in the Capital Fund Program Annual Statement.

Any Increase or decrease over 50% in the funds projected in the Financial Resource statement and/or the Capital Fund Program annual Statement

Any change in a policy or procedure that requires a regulatory 30 -day posting

Any submission to HUD that requires a separate notification to residents, such as Hope VI, Public Housing Conversion, Demolition/Disposition, designated Housing or Homeownership programs.

In the 2001 & 2002 CFP, deleted work item to enlarge the office. This item would have been very expensive; therefore the Board and Executive Director the plantore -roof the dwelling units, paint the exterior, and install insulation in the ceiling and walls.

## Attachment A Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs



<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rent offered each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIA P grants	Annual Plan: Capital Needs
N/A	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self -sufficiency (ED/S S, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi -annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)  ; check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

**ATTACHMENTB****AnnualStatement/PerformanceandEvaluationReport****CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary**

PHAName:LometaHousingAuthority	GrantTypeandNumberTX21P34550103 CapitalFundProgram: CFP Cap italFundProgram ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2003
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☐ OriginalAnnualStatement ☐ ReserveforDisasters/Emergencies ☐ RevisedAnnualStatement(revisionno: )  
☐ PerformanceandEvaluationReportforPeriodEnding: ☐ FinalPerformanceandEvaluationReport

Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	22,055.00			
3	1408ManagementImprovements				
4	1410Administration	2,516.00			
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	11,338.00			
8	1440 SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures				
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	<b>\$35,909.00</b>			
21	Amountofline20RelatedtoLBPAactivities				
22	Amountofline20RelatedtoSection504Compliance				
23	Amountofline20RelatedtoSecurity				
24	Amountofline20RelatedtoEnergyConservation Measures				

## PartII:SupportingPages

SmallPHAPlanUpdatePage 12

## PartII:Su pportingPages

SmallPHAPlanUpdatePage 13

## PartIII:Implementati onSchedule

[illegible]

## CapitalFundProgramFive -YearActionPlan

### PartI:Summary

PHALometaHousingAutho rity				<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:	
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant:2004 PHAFY:2004	WorkStatementforYear3 FFYGrant:2005 PHAFY:2005	WorkStatementforYear 4 FFYGrant:2006 PHAFY:2006	WorkStatementforYear5 FFYGrant:2007 PHAFY:2007
	Annual Statement				
TX345-001		22,055.00	22,055.00	9,055.00	22,055.00
TX345-HA		13,854.00	13,854.00	26,854.00	13,854.00
CFPFundsListedfor 5-yearplanning		\$35,909.00	\$35,909.00	\$35,909.00	\$35,909.00
ReplacementHousing FactorFunds					



CapitalFundProgramFive -YearActionPlan

**PartII:SupportingPages —WorkActivities**

Activitiesfor Year1	ActivitiesforYear:2 FFYGrant:2004 PHAFY:2004			ActivitiesforYear:3 FFYGrant:2005 PHAFY:2005		
	<b>Development Name/Number</b>	<b>MajorWork Categories</b>	EstimatedCost	<b>Development Name/Number</b>	<b>MajorWork Categories</b>	<b>EstimatedCost</b>
<b>See</b>						
<b>Annual</b>	TX345-001	Constructacomunity center	22,055.00	TX345-001	Constructacomunity center	22,055.00
Statement						
TotalCFPEstimatedCost			\$22,055.00			\$22,055.00

CapitalFundProgramFive -YearActionPlan  
**PartII:SupportingPages —WorkActivities**

Activitiesfor Year1	ActivitiesforYear:4 FFYGrant:2006 PHAFY:2006			ActivitiesforYear:5 FFYGrant:2007 PHAFY:2007		
	<b>Development Name/Number</b>	<b>MajorWork Categories</b>	EstimatedCost	<b>Development Name/Number</b>	<b>MajorWork Categories</b>	<b>EstimatedCost</b>
<b>See</b>						
<b>Annual</b>	TX345-001	Replaceexistingkitchen cabinetswithnew	9,055.00	TX345-001	Replaceexistingkitchen cabinetswithnew	22,055.00
Statement						
TotalCFPEstimatedCost			\$9,055.00			\$22,055.00

CapitalFundProgramFive -YearActionPlan

**PartII:SupportingPages —WorkActivities**

Activitiesfor Year1	ActivitiesforYear:2 FFYGrant:2004 PHAF Y:2004			ActivitiesforYear:3 FFYGrant:2005 PHAFY:2005		
	<b>Development Name/Number</b>	<b>MajorWork Categories</b>	EstimatedCost	<b>Development Name/Number</b>	<b>MajorWork Categories</b>	EstimatedCost
<b>See</b>	TX345-HA	Hireparttimenon technicalhelp	2,516.00	TX345-HA	Hireparttimenon technicalhelp	2,516.00
<b>Annual</b>		Providefundsforundry items	800.00		Providefundsforundry items	800.00
<b>Statement</b>		Hireanarchitectto developplansand specifications	5,803.00		Hireanarchitectto developplansand specifications	5,803.00
		Hireanonsiteinspector	1,935.00		Hireanonsiteinspector	1,935.00
		Providefundsfor reproduction	800.00		Providefundsfor reproduction	800.00
		Hireaconsultantto assistwithannualplan	2,000.00		Hireaconsultantto assistwithann ualplan	2,000.00
TotalCFPEstimatedCost			\$13,854.00			\$13,854.00

CapitalFundProgramFive -YearActionPlan  
**PartII:SupportingP ages—WorkActivities**

Activitiesfor Year1	ActivitiesforYear:4 FFYGrant:2006 PHAFY:2006			ActivitiesforYear:5 FFYGrant:2007 PHAFY:2007		
	Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
<b>See</b>	TX345-HA	Hireparttimenon technicalhelp	2,516.00	TX345-HA	Hireparttimenon technicalhelp	2,516.00
<b>Annual</b>		Providefundsforundry items	800.00		Providefundsforundry items	800.00
<b>Statement</b>		Hirean architectto developplansand specifications	5,803.00		Hireanarchitectto developplansand specifications	5,803.00
		Hireanonsiteinspector	1,935.00		Hireanonsiteinspector	1,935.00
		Providefundsfor reproduction	800.00		Providefundsfor reproduction	800.00
		Hireaconsultantto assistwithannualplan	2,000.00		Hireaconsultantto assistwithannualplan	2,000.00
		Purchaseapickuptruck formaintenance	13,000.00			
TotalCFPEstimatedCost			\$26,854.00			\$13,854.00

# PHA Public Housing Drug Elimination Program Plan

**Note:** THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

## **Section 1: General Information/History**

**A. Amount of PHDEP Grant \$** \_\_\_\_\_

**B. Eligibility type (Indicate with an “x”)**                      **N1** \_\_\_\_\_ **N2** \_\_\_\_\_                      **R** \_\_\_\_\_

**C. FFY in which funding is requested** \_\_\_\_\_

### **D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

### **E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

<b>PHDEP Target Areas (Name of development(s) or site)</b>	<b>Total # of Units within the PHDEP Target Area(s)</b>	<b>Total Population to be Served within the PHDEP Target Area(s)</b>

### **F. Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

**12 Months** \_\_\_\_\_ **18 Months** \_\_\_\_\_ **24 Months** \_\_\_\_\_

### G. PHDEPProgramHistory

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

### Section 2: PHDEP Plan Goals and Budget

#### A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

#### B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY ____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 -Reimbursement of Law Enforcement	
9115 -Special Initiative	
9116 -Gun Buyback TAMatch	
9120 -Security Personnel	
9130 -Employment of Investigators	
9140 -Voluntary Tenant Patrol	
9150 -Physical Improvements	
9160 -Drug Prevention	

9170 -DrugIntervention	
9180 -DrugTreatment	
9190 -OtherProgramCosts	
<b>TOTALPHDEPFUNDING</b>	

### C. PHDEPPlanGoalsandActivities

Inthetablesbelow,provideinformationonthePHDEPstrategysummarizedabovebybudgetlineitem.Eachgoaland objectiveshouldbenumberedsequentiallyforeachbudget lineitem(whereapplicable).Useasmanyrowsasnecessarytolistproposedactivities(additionalrowsmaybeinsertedinthetables).PHAsarenotrequiredtoprovide informationinshadedboxes.Informationprovidedmustbeconcise —nottoexceedtwosentencesinanycolumn.TablesforlineitemsinwhichthePHAhasnoplannedgoalsor activitiesmaybedeleted.

<b>9110 –ReimbursementofLawEnforcement</b>						<b>TotalPHDEPFunding:\$</b>	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							
<b>9115 -SpecialInitiative</b>						<b>TotalPHDEPFunding: \$</b>	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							
<b>9116 -GunBuybackTAMatch</b>						<b>TotalPHDEPFunding:\$</b>	
Goal(s)							
Objectives							

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							
<b>9120 -SecurityPe rsonnel</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							
<b>9130 –EmploymentofInvestigators</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							
<b>9140 – VoluntaryTenantPatrol</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicat ors
1.							
2.							
3.							



<b>9150 - PhysicalImprovements</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							
<b>9160 -DrugPrevention</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							
<b>9170 -DrugIntervention</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFun ding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							
<b>9180 -DrugTreatment</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							

2.							
3.							
<b>9190 -OtherProgramCosts</b>					<b>TotalPHDEPFunds:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

## Required Attachment D: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: Ida Veleyn

B. How was the resident board member selected: (select one)?

☐ Elected

☒ Appointed

C. The term of appointment is (include the date term expires): 2 year term February 2002 till 2004

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of governing board member: February 2004

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Mayor, Bob McClinton

## **Required Attachment E: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Jodie Hobbs

Angie Flores

BB Hernandez

Approved plan is

## **ATTACHMENT F : Deconcentration and Income Mixing**

In accordance with the final rule 903(2)(b)(2) exempts “public housing developments operated by a PHA with fewer than 100 public housing units”.

**ATTACHMENTG:VOLUNTARYCONVERSIONINITIALASSESSMENTS**

- A. How many of the PHA's developments are subject to the Required Initial Assessments. Project 001
- B. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? All general occupancy
- C. How many Assessments were conducted for the PHA's covered developments?

One "CHAS" report

- D. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units

- E. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments.

Conversion at this time would have averse affect on the availability of affordable housing in our community at this time.

# ATTACHMENTHAnnualStatement/PerformanceandEvaluationReport

## CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/ CFPRHF)Part1:Summary

PHAName:LometaHousingAuthority	GrantTypeandNumberTX21P34550102 CapitalFundProgram: CFP CapitalFundProgramReplacementHousingFactorGrantNo:	FederalFYofGrant: 2002
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☒OriginalAnnualStatement
 ☐ReserveforDisasters/Emergencies
 ☒RevisedAnnualStatement(revisionno: 1)

☒PerformanceandEvaluationReportforPeriodEnding: 12/31/02
 ☐FinalPerformanceandEvaluationReport

Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410 Administration	2,516.00	2,516.00	2,516.00	1,000.00
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	11,338.00	11,338.00	11,338.00	
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures		19,555.00	19,555.00	
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures	22,055.00			
13	1475NondwellingEquipment		2,500.00	2,500.00	2,500.00
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	\$35,909.00	\$35,909.00	\$35,909.00	\$3,500.00
21	Amountofline20RelatedtoLBPActivities				
22	Amountof line20RelatedtoSection504Compliance				
23	Amountofline20RelatedtoSecurity				
24	Amountofline20RelatedtoEnergyConservation Measures				

**ATTACHMENTH****AnnualStatement/PerformanceandEvaluationReport****CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)****PartII:SupportingPages**

PHAName:LometaHousingAuthority		<b>GrantTypeandNumber</b> CapitalFundProgram#: TX21P34550102 CapitalFundProgramReplacementHousingFactor#:				<b>FederalFYofGrant:</b> 2002		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX345-001								
345-001-1	Installinsulationintheceiling andwalls	1460	20	0.00	5,000.00	5,000.00		
345-001-2	Replaceexistingroofswithnew	1460	20	0.00	14,555.00	14,555.00		
	<b>SUBTOTAL</b>	<b>1460</b>			<b>\$19,555.00</b>	<b>\$19,555.00</b>		
	<b>TX-345-001TOTAL</b>				<b>\$19,555.00</b>	<b>\$19,555.00</b>		



**ATTACHMENTH****AnnualStatement/PerformanceandEvaluationReport****CapitalFundProgra mandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)****PartII:SupportingPages**

PHAName:LometaHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P34550102 CapitalFundProgramRepl acementHousing Factor#:			FederalFYofGrant: 2002			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX345-HA								
345-HA-1	Hireparttimenontechnicalhelp	1410		2,516.00	2,516.00	2,516.00	1,000.00	
	<b>SUBTOTAL</b>	<b>1410</b>		<b>\$2,516.00</b>	<b>\$2,516.00</b>	<b>\$2,516.00</b>	<b>\$1,000.00</b>	
345-HA-2	Providef undsforsundryitems	1430		800.00	800.00	800.00		
345-HA-3	Hireanarchitecttodevelop plansandspecifications	1430		5,803.00	5,803.00	5,803.00		
345-HA-4	Providefundsforreproduction	1430		800.00	800.00	800.00		
345-HA-5	Hireanonsiteinspector	1430		1,935.00	1,935.00	1,935.00		
345-HA-6	Hireaconsultanttoassistwith plan	1430		2,000.00	2,000.00	2,000.00		
	<b>SUBTOTAL</b>	<b>1430</b>		<b>\$11,338.00</b>	<b>\$11,338.00</b>	<b>\$11,338.00</b>		
345-HA-7	Enlargeoffice	1470		22,055.00	0.00			
	<b>SUBTOTAL</b>	<b>1470</b>		<b>\$22,055.00</b>				
345-HA-8	Purchaseacomputer	1475		0.00	2,500.00	2,500.00	2,500.00	
	<b>SUBTOTAL</b>	<b>1475</b>			<b>\$2,500.00</b>	<b>\$2,500.00</b>	<b>\$2,500.00</b>	
	<b>HA WIDENEEDSTOTAL</b>			<b>\$35,909.00</b>	<b>\$16,354.00</b>	<b>\$16,354.00</b>	<b>\$3,500.00</b>	

## PartIII:ImplementationSchedule

SmallPHAPlanUpdatePage 33

<b>ATTACHMENT H Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: Lometa Housing Authority		Grant Type and Number TX21P34550101 Capital Fund Program: CFP Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies XX Revised Annual Statement (revision no: 1 ) XX Performance and Evaluation Report for Period Ending: 3/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	2,114.00	3,114.00	3,114.00	1,400.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	6,867.00	13,411.26	13,411.26	5,986.26
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	28,816.00	21,271.74	21,271.74	10,254.34
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipme nt				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	<b>\$37,797.00</b>	<b>\$37,797.00</b>	<b>\$37,797.00</b>	<b>\$17,640.60</b>
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

**ATTACHMENTH****AnnualStatement/PerformanceandEvaluationReport****CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)****PartII:SupportingPages**

PHAName:LometaHousingAuthority		<b>GrantType andNumber</b> CapitalFundProgram#: TX21P34550101 CapitalFundProgramReplacementHousing Factor#:				<b>FederalFYofGrant:</b> 2001		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev. Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX345-001								
345-001-1	WorkItem -Completeinstallation ofairconditioning	1460	10	23,000.00	0.00			
345-001-2	Overlayflooringwithnewvinyl flooring	1460	20	4,816.00	0.00			
345-001-3	Replaceexistingwaterclosets withnewwatersavertypes	1460	20	1,000.00	3,254.34	3,254.34	3,254.34	
345-001-4	Renovateunitsasneeded	1460	20		7,000.00	7,000.00	7,000.00	
345-001-5	Paintexteriorofunits	1460	20		3,017.40	3,017.40		
345-001-6	Installinsulationintheceilingand walls	1460	20		8,000.00	8,000.00		
	<b>SUBTOTAL</b>	<b>1460</b>		<b>\$28,816.00</b>	<b>\$21,271.74</b>	<b>\$21,271.74</b>	<b>\$10,254.34</b>	
	<b>TX345-001TOTAL</b>			<b>\$28,816.00</b>	<b>\$21,271.74</b>	<b>\$21,271.74</b>	<b>\$10,254.34</b>	

**ATTACHMENTH****AnnualStatement/PerformanceandEvaluationReport****CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)****PartII:SupportingPages**

PHAName:LometaHousing Authority		<b>GrantTypeandNumber</b> CapitalFundProgram#: TX21P34550101 CapitalFundProgramReplacementHousing Factor#:				FederalFYofGrant: 2001		
Development Number Name/HA-Wide Activities	GeneralDes criptionofMajor WorkCategories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX345-HA								
345-HA-1	Hireparttimenontechnicalhe lp	1410		1,314.00	2,314.00	2,314.00	1,400.00	
345-HA-2	Providefundsforsundryitems	1410		800.00	800.00	800.00		
	<b>SUBTOTAL</b>	<b>1410</b>		<b>\$2,114.00</b>	<b>\$3,114.00</b>	<b>\$3,114.00</b>	<b>\$1,400.00</b>	
345-HA-3	Hireanarchitecttodevelopplans andspecifications	1430		4,550.00	4,550.00	4,550.00		
345-HA-4	Providefundsforreproduction	1430		800.00	800.00	800.00	500.00	
345-HA-5	Hireanonsiteinspector	1430		1,517.00	1,517.00	1,517.00		
345-HA-6	Testforthepresenceofasbestos andleadbasepaint	1430		0.00	3,136.26	3,136.26	3,136.26	
345-HA-7	Hireaconsultanttoassistwith plan	1430		0.00	2,000.00	2,000.00	1,600.00	
345-HA-8	ProvidefundsforCPA	1430		0.00	408.00	408.00		
	<b>SUBTOTAL</b>	<b>1430</b>		<b>\$6,867.00</b>	<b>\$13,411.26</b>	<b>\$13,411.26</b>	<b>\$5,986.26</b>	
	<b>HAWIDENEEDSTO TAL</b>			<b>\$8,981.00</b>	<b>\$16,525.26</b>	<b>\$16,525.26</b>	<b>\$7,386.26</b>	

**ATTACHMENTH****AnnualStatement/PerformanceandEvaluationReport****CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)****PartIII:I mplementationSchedule**

PHAName:LometaHousingAuthority			<b>GrantTypeandNumber</b> CapitalFundProgram#: TX21P34550101 CapitalFundProgramReplacementHousingFactor#:				<b>FederalFYofGrant:</b> 2001
DevelopmentNu mber Name/HA-Wide Activities	AllFundObligated (QuartEndingDate)			AllFundsExpended (QuarterEndingDate)			ReasonsforRevisedTargetDates
	Original	Revised	Actual	Original	Revised	Actual	
TX345	6/30/03		10/24/02	6/30/04			